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FEC FORM 1	STATEMEN			- :		Office Use Only		
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M	energion y di synta 15 Landendia (vili nom		
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			111					
ADDRESS (number a	nd street) 11	1101 Walnut, Unit# 1101						
(Check if a is changed)		nsas City			MO	64106	 ]	
			CITY		STATE	ZIP (	CODE	
COMMITTEE'S E-MA  (Check if is change	address Y	SS (Please provide only one e-mail address)  YoPaç20,12@gmail.com						
COMMITTEE'S WEE	PAGE ADDRESS	(URL)						
(Check if is change								
2. DATE 06 29 2011								
3. FEC IDENTIFICATION NUMBER C 00497305								
4. IS THIS STATE	MENT N	EW (N) OR	×	AMENDED (A)				
I certify that I have	examined this Stat	ement and to the bes	t of my	knowledge and belief i	it is true, corre	ect and complete.		
Type or Print Name	of Treasurer J	Thomas N	1eier 1	<b>.</b>				
Signature of Treasurer Date 06 29 2011								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  AMY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC F		